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APP	PLICATION NUMBER	FILING DATE	FIRST NAMED AP	FIRST NAMED APPLICANT		ATTORNEY DOCKET NO.	
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Exhibit show	n or demonstration conduc	cted: 🗆 Yes 🗹 No If yes	s, brief description:				
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Claim(s) disc	ussed: <u>rone</u>	<u> </u>		······································	· · · · · · · · · · · · · · · · · · ·		
Identification	of prior art discussed:	none			·		
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Jnless the pa S NOT WAIV action has are	aragraph above has been o	checked to indicate to the c THE SUBSTANCE OF TH CANT IS GIVEN ONE MON	ontrary. A FORMAL WF E INTERVIEW. (See M	RITTEN RESPO	3.04). If a respond	onse to the last Office	
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Examiner Not	e: You must sign this form	unless it is an attachment	to another form.	Enler	burk	9	
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